## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010321 (3)

**UNLIMITED LINES TRADING CORPORATION** 

Principal Place of Business 10856 NW 18TH CT PLANTATION FL 33322

2. Principal Place of Business

Mailing Address

10656 NW 16TH CT PLANTATION FL 33322-6456

## **FILED** Feb 05 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

02/01/1996

2. Principal	Place of Business		2a 26	28. Mailing Address				4. FEI Number Applied F 65 - 06 4 7 43 2 Not Appli			
Suite, Apt. #, etc.				Suite, Apt. #. etc.				Certificate of Status Desired	\$8.7	Not Applicable  5 Additional	
22				27				C. Dertindate of Statos Desired	Fee	Required	
City & Sta	ite	28	City & State				Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees		
Zip	) C	ountry	1.0,	Ζιρ	Cou	ntry	<del></del>	8. This corporation has liability for in			
4	25	29		30				Yes No			
		ddress of Current	Regis	stered Agent		81		10. Name and Address of New Reg	istered Agent		
LEDGE & PETITIOIAL							Name				
10656 NW 16TH CT							82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33322							83				
					ł	83					
•					Ţ	84	City		FL 85 2	Zip Code	
11. Pursuant	t to the provisions of	Sections 607.0502	and f	607 1508, Florida Statut	es the ah	OVE	named corno	oration submits this statement for the pu		a ite registered	
Office of	registered agent, or	r both, in the State o	t Hiori	ida. Such charige was a of, Section 607.0505, Flo	authorized	i by	the corporation	on's board of directors. I hereby accept	the appointment	as registered	
SIGNATURE	Signature, typed or printe	id name of registered agent	and the	e d'applicable (NOI	t Registered	Ager	nt signature required	d when re-estature)	DATE	<del>-</del>	
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	President			DELFTE	1.1 TIT	LF			Chang		
NAME	Leyinska	aldea W. 1674	<b>AT</b>	=	1.2 NA	ME					
STREET ADDRESS	10656 N.	M. IGIH	CI		1.3 ST	REE1.	ADDRESS				
CITY-ST-ZIP	Plantati	on, H	3	3327	1.4 C/I	Y-S1	r- ZiP				
TITLE				DELETE	2.1 TiT	LE:			☐ Chang	ge Addition	
NAME	1				2 2 NA	ME	(				
STREET ADDRESS					2.3 \$11	REF1	ADDRESS				
CITY-ST-ZIP	<u> </u>				2 4 Ci		1 - 7IP				
TITLE	,			DELETE	3.1 T/T				Chang	ge L Addition	
NAME					3.2 NA						
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP TITLE	<del></del>			DELETE	3,4. CF 4,1 111		T-ZIP		Chang	ge Addition	
NAME				L] OLLI IL			1		☐ Cuant	je 🗀 Addition	
STREET ADDRESS	1				4, 2 NA		ADDRESS				
CITY-ST-ZIP					4.3 ST						
TITLE	<del> </del>			DELETE	5 1 TH		1-21		Chang	ge Addition	
HAME					5.2 NA		1		<u></u>	,	
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					5.4 CIT		(				
TITLE				DELETE	6.1 TIT				Chang	ge 🔲 Addition	
NAME					6.2 NA	ME	ĺ				
STREET ADDRESS	1				6.3 STF	REETA	ADDRESS	OKD W		(05/40)	
CITY-ST-ZIP			_		6 4 CIT			MABUR		~~\ <sub>2</sub> \	
<ol> <li>I do here information</li> </ol>	by certify that the in on indicated on this	formation supplied annual report or sup	with If	his filing does not quali nental annual report is t	fy for the e rue and a	ccui	nption stated rate and that r	in Section 119 07(3)(i), Florida Statutes. ny signature shall have the same legal	. I further certify the offect as if made	nat the under oath; that	
appears	onicer or director of in Block 12 or Block	trie corporation or the 13 handled, or o	no red Valan	ceiver or trustee empow atlachment with an add	rered to ea dress.	xecu	ute this report	my signature shall have the same legal as required by Chapter 607, Florida Sta	atutes; and that m	iy name	
		// /	′	/ / W/A				_			
SIGNAT	TURE: 💚	/ Dyriells		(Alder				1-15-97			